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Bib Data Sheet

CONFIRMATION NO. 3233

SERIAL NUMBER 10/626,941	FILING DATE 07/25/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 01073/1 US
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APPLICANTS

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** CONTINUING DATA ***** *PS*

This appln claims benefit of 60/400,660 08/02/2002

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MO	0	33	2
Examiner's Signature <i>PS</i> Initials				

ADDRESS

Pharmacia Corporation
 Corporate Patent Department
 P.O. Box 1027
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TITLE

Methods for treatment and prevention of gastrointestinal conditions

FILING FEE RECEIVED 1114	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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